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APPLICANTS

Robert F. Rioux, Ashland, MA;

Robert Garabedian, Mountain View, CA;
Christopher Pearson, North Grafton, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** 01/13/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>John B.</i> <i>AT</i> Examiner's Signature Initials	MA	5	25	3

ADDRESS

Bingham McCuthern, LLP
 Suite 1800
 Three Embarcadero
 San Francisco, CA
 94111-4067

TITLE

Liquid infusion apparatus for radiofrequency tissue ablation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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